FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | |
|---|---|--|---------------------------|--|------|--------------------|------------|------------|---|--------------------------------|----------------------|--|---|--------------------------------------|----------------------------------|---|---|
| 1. Name and Address of Reporting Person * BOEL GUSTAV | | | | 2. Issuer Name and Ticker or Trading Symbol ACTUANT CORP [ATU] | | | | | | | nbol | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) (First) (Middle) 611 NORTH BAKER ROAD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/12/2006 | | | | | | | Year) | X Officer (give title below) Other (specify below) Exec. Vice President | | | | | |
| (Street) | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | Day/Year) | _X_ Form fi | 6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | UKEE, W | | | | | | | | | | | | | | - Cone responding | | |
| (City |) | (State) | (Zip) | | | Tab | ole I - | Non- | -Deriva | tive S | ecurities | Acq | uired, Disp | osed of, or l | Beneficially (| Owned | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | any | eemed ion Date n/Day/Y | | Code (Instr. 8) | | (A (I | 1 4. Securities Acquire (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of | Beneficia | nt of Securities Illy Owned Following Transaction(s) and 4) | | Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Co | de | V A | moun | (A) or (D) | Price | | | | (I) (Instr. 4) | (Instr. 4) |
| Class A | Common S | Stock | 01/12/2006 | | | | A | | 1, | ,800 | A | <u>(2)</u> | 18,262 | | | D | |
| | | | | | | | | t uired | the forn d, Dispo | m dis osed o | plays a f, or Ben | curre neficia | ently valid | OMB con | spond unle trol numbe | | |
| 1. Title of | 12 | 3. Transaction | T (| <i>e.g.</i> , put | | , war | | | ions, co 6. Date | | ible secu | _ | Title and | 8. Price of | 9. Number o | of 10. | 11. Nature |
| | Conversion or Exercise Price of Derivative Security | Date | Execution Da Year) any | te, if Transaction Code (Instr. 8) | | on N o I S A (| Number and | | and Exp | Expiration Date onth/Day/Year) | | An Un Sec | nount of derlying curities str. 3 and | Derivative Security (Instr. 5) | | Owners Form o Derivat Security Direct (or Indir | hip of Indirect Beneficial Ownership (Instr. 4) D) ect |
| | | | | (| Code | V (| (A) (| | Date Exercise | | Expiratio Date | n Tit | Amount or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | | |
|--|---------------|--------------|----------------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| BOEL GUSTAV 611 NORTH BAKER ROAD MILWAUKEE, WI 53209 | X | | Exec. Vice President | | | | |

Signatures

| Eric Orsic, As Attorney-in-Fact | 01/17/2006 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Restricted stock granted under the Actuant Corporation 2002 Stock Plan. One hundred percent of the restricted stock becomes vested on 1/12/2009.
- (2) Not applicable.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.